

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	1011772566	FILING DATE
APPLICANT(S)		

APPLICANT(S)

WITH FORM PTC

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
2		/				
3						
4		/				
5		/				
6		/				
7		/				
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41						/
42						/
43						/
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46						/
47						/
48						/
49						/
50						/
TOTAL IND.						
TOTAL DEP.						
TOTAL						

IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/				
52					
53	/				
54	/				
55	/				
56	/				
57	/				
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87	/				
88	/				
89	/				
90	/				
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.	10				
TOTAL DEP.	22				
TOTAL CLAIMS	92				